

MIEMSS Executive Director's Report March 2015

Maryland EMS Providers and Jurisdictional Programs

As of March 2, 2015, there are 26,517 certified or licensed EMS providers in Maryland. The provider types by level of certification / licensure are as follows:

EMD:	1,096
First Responder/EMR:	2,248
EMT:	18,968
CRT99:	762
Paramedic:	3,443

National Registry Testing for EMR and EMT Initial Certification. Starting with courses that began in the Fall 2014, National Registry of Emergency Medical Technicians (NREMT) testing for the cognitive or didactic portion of the initial State certification process is required for EMR and EMT candidates. This change only affects candidates for initial certification not current Maryland providers. Candidates that enter the Maryland EMS system at the BLS level with NREMT are not required to keep their NREMT certification in order to maintain their Maryland EMR or EMT certification, nor are current providers required to obtain NREMT. The current 12-hour refresher for EMR and 24-hour refresher for EMT requirements stay in place for provider renewals at the BLS level. The candidates for EMT certification will continue to take the current practical evaluation process through the MIEMSS office for initial certification.

Licensure/Certification Management Software. MIEMSS has contracted with ImageTrend to replace the aging MPPR- Maryland Pre-hospital Provider Registry with new licensure/certification management software program. This web-based program will provide tracking of licensing, certification, and continuing education of Maryland's EMS providers. This application will also allow providers, Operational and Commercial programs to update Affiliations on line and will transfer to the eMEDS[®] system. Various aspects of the program will be phased in over the following months to cumulate in online access for providers, Operational and Commercial programs, and EMS Board approved teaching agencies. We plan to have the ability to allow providers to create or update profiles and initiate affiliation changes in the near future.

MIEMSS Infection Control Committee. MIEMSS has re-convened the Statewide Infection Control Committee. It is made up of jurisdictional and commercial company representatives, as well as infection control professionals from the Department of Health and Mental Hygiene (DHMH) and hospitals. The group held its first meeting with discussions regarding influenza; including the proper use of PPE, the need for getting flu shots, the use of Yellow Alerts, and the law regarding Hospital Infection Control Reporting. An update on Ebola was discussed. The committee plans to meet quarterly and will be working on educational materials for emergency services providers and hospital personnel.

Update to Maryland EMS Providers on Emerging Infectious Diseases. MIEMSS continues to update the MIEMSS web site's ***Infectious Diseases*** tab. Please check there for current local and national information on Ebola and other emerging infectious diseases. There is also an email address for providers to send questions regarding infectious diseases. Questions may be sent to: infectiousdiseases@miemss.org.

Flu Shots. All emergency services providers are encouraged to get their flu shots as soon as possible. Seasonal influenza has officially arrived in Maryland. The first laboratory-confirmed case of seasonal influenza was diagnosed on the Eastern Shore on October 9, 2014. The flu strain was A (H3). This year's influenza formation includes the A (H3N2) strain. Stay up-to-date on influenza activity in Maryland by visiting <http://dhmh.maryland.gov/fluwatch> for weekly updates.

Upgrades to SYSCOM/EMRC. The SYSCOM/EMRC communications center is undergoing a major renovation to both its infrastructure and technical capabilities as a component of the Statewide EMS Communications upgrade initiative and integrating communication with the Maryland FiRST 700 MHz statewide radio project. The renovations are taking place while SYSCOM/EMRC continues to be an active emergency communications hub and within the room's existing footprint. The technical upgrade began the first week of November and will take up to 6 months to complete.

The upgrades include:

- The installation of technologically advanced communications equipment
- Modernization of the current facility to accept the new equipment
- Relocating existing critical communications equipment during the upgrade
- Improving the HVAC, electrical and fire suppression systems
- Installation of structured cabling including fiber and CAT 6 cable
- Providing for continuity of operations while renovations are completed

As part of the overall communications systems upgrade, MIEMSS is exploring the feasibility of an independent backup communications center.

The new SYSCOM/EMRC should be fully operational by May 2015. The anticipated go live date is May 27, 2015 at 10 a.m. Once completed the new center will house modern interoperable communications equipment, be ADA Compliant, and meet all fire protection and life-safety codes. This is an important, but not final step, in improving the State's Medical Communications as legacy systems remain in-place and in use that will be addressed as part of the Statewide EMS Communications Systems Upgrade Project.

Jurisdictional EMSOP Re-verification Process. Under COMAR 30.03.02.06, MIEMSS is required to verify that each jurisdictional EMS Operational Program (EMSOP) is in compliance with the requirements for a jurisdictional EMSOP every 5 years. MIEMSS has initiated the re-verification process that will be completed this year.

Over the past several months, MIEMSS has conducted meetings with several Jurisdictional EMSOPs to establish their current status relative to COMAR Title 30 regulations, answer questions, and complete the re-verification application process. EMSOPs also used a ‘self-assessment tool’ to assist them in completing the application.

Ambulance Strike Teams. Current plans include formation of regionalized ambulance strike teams composed of five ambulances, a strike team leader, and a MIEMSS field operations staff member. Once in place, the ambulance strike teams will be placed on a rotating call list. There will be at least one strike team “on call” for every month. The strike teams will be composed of ambulances and staff from EMSOPs and commercial services.

Each MIEMSS region is currently working to solicit resources from their jurisdictions to form these strike teams. Currently, multiple jurisdictions have expressed interest and already have formed some of the strike teams. MIEMSS has provided strike team leader training and is working to develop and implement statewide training for all members of the ambulance strike teams.

electronic Maryland EMS Data System (eMEDS®). eMEDS® implementations continue statewide, for both public safety and commercial services. MIEMSS continues efforts to import legacy data from other electronic Patient Care Reports (ePCRs) vendors into the new Maryland system. Numerous CAD Integrations have been completed. MIEMSS is currently working with several jurisdictions and hospitals to continue our process to become a completely paperless EMS to Emergency Department documentation transition via the Hospital Dashboard. Stroke, Trauma, Burn, and Pediatric specialty coordinators have also been granted access to eMEDS® for immediate record retrieval. Additionally, MIEMSS continues to further develop and update eMEDS® to accommodate protocol changes, and input from users statewide.

eMEDS® Support Phone Number: 410-706-3669. MIEMSS’ dedicated phone line for eMEDS support simplifies provider access for help with the eMEDS® system when needed. Email messages may also be sent to eMEDS-Support@miemss.org.

SEMSAC BLS Committee. The BLS Committee continues to monitor the changes made with the implementation of the EMS Agenda for the Future: National EMS Education Standards. The committee will continue to develop materials to be used by both instructors and current providers for recertification. The Field Training Coach program has been updated and is placed on the MIEMSS Instructor’s Corner. A FTC Online Training Center course is soon to follow in order to reach more potential EMT coaches and mentors. Additionally, the committee is working on ways to improve the transition from EMR- Emergency Medical Responder (formerly known as FR- First Responder) to EMT- Emergency Medical Technician certification. Another initiative by the committee is to revise the BLS continuing education requirements to be more streamlined with national trends.

Statewide Active Assailant Incident Workgroup. MIEMSS and the Maryland State Police (MSP) convened an interdisciplinary work group to investigate current literature on these types of incidents, suggest general guidelines for response, make suggestions to ensure adequate levels of protection, develop consistent learning objectives to guide response training across the state, and identify gaps and resources to address those deficiencies. The workgroup produced a document, ***Guidance to First Responders for the Active Assailant Incident***, to assist local jurisdictions in planning for these types of incidents. Regional forums will be held to discuss the content of the document and will be available to assist local jurisdictions as they enhance their planning efforts.

HC Standard. HC Standard 3 is currently in operation. Version 3.6 of the application continues to host a more robust County Hospital Alert Tracking System (CHATS) with alert definitions displayed for the public and includes Facility Resource Emergency Database (FRED), County Hospital Request System (CHRS), and Electronic Patient Tracking System (EPTS). HC FRED is operational and in use throughout the state. It continues to receive positive feedback, with many facilities expressing an interest in future enhancements to this system. The CHRS application is being used by hospitals, EMS Operations Programs and EMRC to electronically request diversion status changes. EMRC continues to operate the HC3 EMRC application. The program provides real time situational updates as patients are scanned, triaged, and transported from one site to another. The application provides maps showing where patients are in real time, as well as what facilities they went to, who they were transported by, interventions that were performed, and demographic information. MIEMSS continues to build out new features to our dashboard, incorporating additional functionality. It also allows users to customize their dashboard screen with any windows from HC as well as any websites. This allows users to add local programs accessible through the internet to the dashboard. To date, MIEMSS has conducted multiple training opportunities on HC Standard including: several administrator training courses, dozens of in-person user training courses, six online user training courses, and around two dozen just-in-time training courses. MIEMSS continues to provide support and assistance to facilities as they come online to the new HC Standard 3. MIEMSS is in the process of expanding current EPTS capabilities within the state to allow for more units to be utilized in the field. Many jurisdictions are planning to purchase PTS handheld units using this year's Hospital Preparedness Program (HPP) funds. MIEMSS recently brought the Psychiatric Bed Registry online which is built within HC Standard allowing psychiatric bed availability to be seen statewide, and assists Emergency Departments in matching up patients with needed beds. MIEMSS completed the upgrade to version 3.7 during the fourth quarter of 2014, which boasts increased speed of the applications, and support the new android, iOS, and Windows 8.1 Electronic Patient Tracking System Applications. MIEMSS is currently developing an implementation plan to upgrade to 3.8 during the first quarter of 2015, bringing a upgraded data transfer process which will greatly increase the smooth process of CHATS. Plans are underway to upgrade to version 4.0 in the second quarter of 2015 which will bring the entire application suite to a browser agnostic platform.

Hospital Programs

Perinatal Referral Centers. The revised COMAR Perinatal Standards were presented to the EMS Board at the December 9, 2014 meeting and approved. The revised Standards were published in the January 23rd issue of the Maryland Register for public comment and MIEMSS received no comments. The revised Standards will be presented to the EMS Board at the April meeting for final approval. Upon completion of the promulgation process and until MIEMSS completes the next re-designation review, MIEMSS will begin working with the centers to implement the revised standards. During this interim time period, compliance with revised standards will be assessed through a combination of submitted documentation of policies/protocols/contracts from the Centers and brief on-site reviews. Work continues with the development and implementation of the Perinatal Database. This database contains data about the care and outcomes of both maternal and high-risk newborn infants in the state that have received care at a Level III Perinatal Center.

Hospital Base Station Survey and Re-designations. In CY 2015, twenty-one hospital base stations are due for re-designation. On January 14, 2015 the base station coordinator and base station Medical Director received notification regarding submission of the re-designation application. All applications will be due to MIEMSS by March 16, 2015. Site surveys will take place between April and October 2015. Holy Cross Germantown has completed and submitted a base station application for initial designation as a MIEMSS designated base station.

Primary Stroke Centers (PSCs). The subcommittee from the Stroke QIC continues to focus attention on best practices to improve the Statewide door to t-PA times (< 60 minutes) as well as the percentage of patients who receive t-PA. Carroll Hospital Center PSC site survey took place on December 4, 2014. Findings and outcome of the survey were presented to the hospital CEO on February 4, 2015. Findings and recommendation will be presented to the EMS Board at the April meeting. Work continues with Doctors Hospital in preparing them to become a PSC.

Trauma Centers. Ongoing work continues with implementing the final processes for all aspects of the new Trauma Registry Web version. The American College of Surgeons (ACS) Orange Book has been released. MIEMSS is in the process of reviewing the ACS standards contained in the Orange Book. MIEMSS convened a workgroup comprised of appointed representatives from Maryland's Trauma Centers to review the revised ACS Standards. This workgroup will work to align the ACS Standards with the current COMAR trauma regulations. The first meeting for this workgroup took place on February 23, 2015.

Cardiac Interventional Centers (CICs). Because many sudden cardiac arrest patients require intervention in the cardiac catheterization lab, EMS protocols direct EMS providers to begin therapeutic hypothermia when patients meet certain criteria and transport patients to hospitals that can provide continued cooling. Ideally, those patients would go to a CIC if possible. All 23 CICs have reported the ability to provide therapeutic hypothermia.

MIEMSS and the Maryland Health Care Commission (MHCC) obtain data from the Cardiac Interventional Centers. The upload of all required data occurs quarterly and is then analyzed for completeness. Additionally, to the extent possible, data is being collected from transferring hospitals (non-CICs) and EMS providers by the Cardiac Interventional Centers and reported to the regional STEMI committees. Re-verification of the 23 Maryland CIC designations was completed in 2014. MIEMSS Hospital Programs staff also conducted site visits at the four out of state CICs with which MIEMSS has MOUs (Christiana, Bayhealth-Kent General, Nanticoke Memorial, and MedStar Washington Hospital Center). A list of the CICs as well as all trauma and specialty centers is available on the MIEMSS webpage under the Hospitals tab.

As MIEMSS continues to work with stakeholders on the development of a STEMI System of Care in Maryland, efforts will be made to improve the collection of data necessary to support quality improvement initiatives with hospitals and the MHCC. It is important to continue to work to coordinate these efforts across the State and amongst key stakeholders and organizations. The Cardiac Data Coordinators meet quarterly with MIEMSS and MHCC. Recently, the CICs identified a challenge in obtaining EMS data from eMEDS® for patients that are transported by EMS to a non-CIC and then transferred to a CIC. This information is required to be submitted in to the Cardiac Data Registry by the CICs. MIEMSS is still working to address that issue so that CICs will be able to obtain that data from eMEDS® on transferred patients.

Maryland is now registered with the American Heart Association Mission Lifeline as a statewide STEMI system of care which includes access to quarterly reports that compare Maryland's STEMI performance to national data. MIEMSS has obtained direct access to the reports from the National Cardiovascular Data Registry. The reports are confidential and are for use only within the confines of the STEMI Medical Review Committees.

Regional Programs and Emergency Operations

Regional Health and Medical Committees.

- The Region III Health and Medical Taskforce continues with field implementation of the electronic patient tracking system.
- The EMS Focus group continues to meet to develop recommendations for the composition of EMS Strike Teams.
- The Region IV Office continues to assist with the implementation of patient tracking. Additional equipment and applications have been ordered and some put into place.
- The Delmarva Regional Healthcare Mutual Aid Group (DRHMAG) recently prioritized the funding of projects throughout the Region to improve emergency response, assist with equipment for neonatal care and equipment for the mobile medical facility. DRHMAG is looking forward to a very active year and the next grant cycle to enhance and support programs in the region.

The MIEMSS Regional Offices are managing multiple projects throughout the state. For more information about any of the items listed below, contact the appropriate MIEMSS Regional Office.

- Planning continues for EMS Care 2015 to be held April 29-May 3, 2015 in Ocean City, MD.
- FY2015 ALS Funding requests have been received and agreements are being forwarded to jurisdictions for processing.
- FY2015 50/50 matching grants are being prioritized and agreements are forthcoming.
- A minimum ambulance equipment standards committee has been formed to discuss the standardization of the minimum level of equipment carried on all EMS transport units.
- Reimbursement requests continue to be processed for FY2014 50/50 matching grants.
- The Statewide eMEDS® Steering Committee has reconvened.
- The Statewide QA/QI committee hosted its first meeting this fall. The Region IV Office will be organizing an internal MIEMSS meeting to discuss potential benchmarks to propose to the QIC.

Region I

- Planning is finalized for the 13th Annual Miltenberger Seminar to be held in April 10 and 11, 2015.
- The Region I Office coordinates the Federal HPP Emergency Preparedness Grant Funding for MIEMSS and includes all regional submissions.
- The Region I Office is assisting both Garrett and Allegany Counties with their Advanced Life Support Alerting Policies.
- Garrett County is reviewing the previous SWOT initiative undertaken in 2006 and will be updating the jurisdictional EMS Operational Program's future goals.
- Regions I and II have been collaboratively working on strengthening resources sharing by discussing a Region I and II MOU to include specific policies on school bus crashes and strike team development and deployment.

Region II

- The Region II STEMI Committee has finalized the region plan and the process by which data is being collected and shared.
- Region II Office assisted Washington County in developing a jurisdiction-wide Field Training Program.
- Region II Office and MIEMSS Compliance Office assisted Washington County with the revision of their Quality Assurance Plan. The QA Plan has now been implemented.
- Region II is currently working to develop Region-wide pre-designated landing zones that will be utilized for on scene air medical evacuations.
- Region II Advisory Council recently approved a Vision and Mission Statement.
- The SWOT analysis for Washington County began in November and the initial meeting was successful. The estimated length of the process is about 18 months.

- Region II has reviewed, updated, and implemented new infectious disease policies and response plans.
- Region II has revised their hospital system status alerting policy.

Region III

- The Region III Medical Directors continue to meet quarterly to review pre-hospital EMS quality assurance data.
- Region III quarterly triage tag day continue on the 3rd and 7th of April, July, and October.
- Hospital EMS Base Station re-designation surveys continue throughout Region III.
- The Office of Hospital Programs and the Regional Offices are conducting meetings throughout the Region with those hospitals that are reporting above average use of hospital alert hours.

Region IV

- The first patient tracking working group meeting to assist in developing a regional approach to PTS application implementation was held.
- The Region IV Office is supporting the development of a regional Medical Surge Plan and Alternate Care Site Workshop.
- Region IV is moving forward with a regional Ambulance Strike Team MOU.
- Region IV Office is assisting Somerset County in the planning of an MCI TTX, which will have special emphasis on the use of the mass casualty response unit acquired through MIEMSS HPP funds in 2013.
- Region IV continues its efforts regarding Mobile Integrated Health. A presentation will be made at the Statewide Medical Directors Symposium in April. This follows a presentation to key stakeholders on the mid-shore and at the recent EMS Board and SEMSAC meeting. The initial results continue to be positive and encouraging.
- Region IV Office is supporting Dr. Alcorta for the 2014-2015 Kent County SWOT.
- Region IV Office is attending a variety of local and regional meetings to support planning and preparation for Patients Under Investigation (PUI) for Ebola Virus Disease.
- The Region IV Office is assisting Kent County with a pilot program for training company level staff on the County Quality Assurance/ Quality Improvement Plan.
- The Region IV Office staff is reaching out to the jurisdictions that have not finished or finalized the EMSOP re-verification process.
- Working to set up a meeting with MIEMSS leadership to develop internal and state benchmarks for quality assurance.
- The Winterfest Conference was successfully completed in January and planning is underway for our 19th Winterfest Conference next January.
- The Region IV Council is in the process of updating its by-laws.

Region V

- The Montgomery County Emergency Response System completed a tabletop exercise for the National Capital Region on the Hospital Evacuation/ Forward Movement of Patients.
- The Emergency Response System (ERS) of the National Capital Region (NCR) of Maryland has received \$6.4 million in Urban Area Security Initiative funding to support a number of initiatives throughout Montgomery and Prince George's Counties.
- The Training and Exercise Workgroup of ERS has developed a three-year Training and Exercise Plan that will provide HSEEP-compliant educational opportunities for fire/EMS, law enforcement, public health, emergency management, and hospital personnel throughout the NCR.
- Hospital EMS Base Station re-designation surveys will continue throughout Region V.

EMS-C

Emergency Medical Services for Children Department (EMSC). The state Pediatric Emergency Medical Advisory Committee (PEMAC) met on January 7, 2015 to continue work on EMSC performance objectives, plan for 2015 protocol rollout education, and identify priorities for 2016 protocol development. The February EMS News included an article on Burn Data and Burn Prevention recommendations in the DART (Data Analysis and Research Team) column 2015 PEMAC meetings are posted on the MIEMSS website both on the events calendar and EMSC. The PEMAC Website (located on www.miemss.org under EMSC Department) contains meeting documents and EMSC reference materials.

Five Advanced Pediatric Life Support (APLS) courses for physicians have been conducted between October and February. Participants have highlighted the one day format, simulation and ability to discuss scenarios with pediatric experts. MedChi has approved this offering for 6.5 CME and EMSC is working with AAP, ACEP, MAFP for outreach. During the first few years of the course, EMS for Children Partnership funds will provide the teaching materials.

MIEMSS EMS for Children continues to support PEPP 3rd Edition instructors and medical director with BLS and ALS courses. The 3rd Edition can be offered in two formats - Hybrid with 9 online modules and one in person course day or Onsite two day format. Both Miltenberger & EMS Care 2015 conferences will have BLS PEPP courses as a preconference.

The EMSC Partnership Grant continues to focus on the ten Federal EMSC Performance Measures that have 2017 target dates for achievement. Detailed information is available on the MIEMSS EMSC PEMAC website listed above. This grant was renewed for the 2013-2017 federal grant cycle. NEW & Current projects include:

- Maryland and Rhode Island are leading the planning for a 16 state EMS for Children Symposium in August of 2015.
- Newly printed reference cards on best practices to restrain children in ambulances have been finalized and are being distributed through Jurisdictional/ Company leadership. They are based upon the 9/2012 NHTSA Guidelines for the Safe Transport of Children in Ambulances (also posted on the MIEMSS website under PEMAC and under Ambulance Safety). A LMS for online continuing education is being finalized and will be pushed out after the protocol review process is completed.

- Development of pediatric emergency department criteria develops a system for regional categorization based upon the national Guidelines for the Care of Children in Emergency Departments and analysis of the National Pediatric Readiness Project.
- Joint writing group on Pediatric Specialty Care transport regulations has begun to meet again with representation from PEMAC and CASAC with the goal of incorporating a pediatric section within the Specialty Care Transport section.
- Update of the Pediatric Base Station course with new slides on EMS provider scope of practice and the National Pediatric Readiness Project; expansion of course for neonatal transport teams was piloted in June 2014 with the approval and published Board of Nursing regulations for specialty care transport nurses and MIEMSS SCT and NEO regulations.
- EMSC Grant educational priorities include: Pediatric Vascular Access workshop (MIEMSS unique workshop); STABLE (Sugar, Temperature, Airway, Blood Pressure, Lab Work, Emotional Support) and NRP (Neonatal Resuscitation Program) courses are being offered with SOCALR for neonatal transport teams and Emergency Department professionals. EMSC continues to offer the full day workshop "When the Stork Dials 9-1-1: Managing OB and Newborn Emergencies" as a preconference as requested. PEPP will also be available as a preconference through 2015.
- Pediatric Reference Cards and Posters have been distributed to all jurisdictions with additional copies available upon requests. They can be viewed on the EMSC website www.miemss.org/home/Programs/EMSforChildrenPrograms/tabid/158/Default.aspx <<https://mail.miemss.org/exchweb/bin/redirect.asp?URL=https://mail.miemss.org/exchweb/bin/redirect.asp?URL=http://www.miemss.org/home/Programs/EMSforChildrenPrograms/tabid/158/Default.aspx>>

Child Passenger Safety (CPS) & Occupant Protection Healthcare Project:

- MIEMSS CPS & OP project (15th year of funding DOT/NHTSA) continues to provide outreach to health care providers to provide education and parent educational tools on child passenger safety. The project is implementing a new program for the BeTWEEN age group of passengers on safe occupant behaviors and collaborate with local Safe Kids chapters and coalitions and KISS program at DHMH.
- Two products have been revised 1) The Proper Occupant Protection training DVD for lay public and 2) Prescription Pad for Child Safety for primary care providers to use in advocacy and prevention education.
- Rear Facing Longer & Booster Seat posters are available as part of the educational campaign on Maryland's enhanced occupant protection law.
- SECURE Ambulance Safety & BUCKLE UP - Every Ride Every Time posters are available from the EMSC & SOCALR offices

Maryland RISK WATCH Champion Team (led by the EMS for Children Department) has confirmed the Interactive Prevention Education Displays for the 2015 MSFA Convention. Each Risk Area will have a lead instructor to mentor both adult and youth volunteers – please sign up through the MSFA Convention online calendar or email RISKWATCH@MSFA.org.

1. "Make the Right Call" (Cecil County DES)
2. Resource Table for Life Safety professional (EMS for Children/ Safe Kids Maryland)
3. Home Safety (Safe Kids Maryland/ MIEMSS)
4. Water Safety (PRMC -American Trauma Society)
5. Safety Driving interactive display (Risk Watch team)
6. Child and Youth Passenger Safety (EMSC CPS& OP Project)
7. Fire & Burn Prevention (MSFA Fire & Injury Prevention Committee)

The Public Educator & Life Safety Conference will be held on March 28, 2015 at MFRI with a theme “Fire is Everyone’s Business”. Registration can be found at www.mfri.org under **Seminars.**

Safe Kids Maryland Coalition’s next meeting will be held at MIEMSS headquarters on March 4, 2015 and feature an update from the Office of the State Fire Marshal and Summary of the Medication Safety Education grant (2014) and the Global Safe Roads – Safe Kids Program (December Summit and Spring 2015 World Health Organization initiative). Please contact the Maryland Safe Kids coalition through the EMSC Office 410-706-1758 for more information. Safe Kids Buckle Up FY 2015 grants continue in the eight local Safe Kids Coalitions (Baltimore City, Carroll County, Frederick County, Howard County, Lower Shore, Montgomery County, Prince George’s County, Washington County) and with the support of the Safe Kids community partners in Anne Arundel, Cecil, Garrett, Queen Anne's and Saint Mary's counties and partnerships with Maryland Kids in Safety Seat program.

Cardiac

Public Access AED Program. Currently, there are a total of 5,798 registered AED Program sites in Maryland. A list of AED sites is updated monthly and available on the MIEMSS website at <http://www.miemss.org>. AED information, including application information, is located in the public information tab under “Maryland Public Access Automated External Defibrillator.”

Facilities whose certificates have expired are not in compliance with Maryland’s AED law. AEDs should be placed in locations where they are clearly visible to anyone who is willing to use the AED, regardless of whether the individual has received training or not, recognizing trained individuals may not always be available to respond before EMS arrives. Labels or signage on AEDs that read “For use by trained personnel only” must be removed.

MIEMSS has contracted with Atrus Inc., to establish a web-based registration process that will provide automated notifications regarding battery and electrode expirations, program renewals, and AED recalls. The program would also allow for the connection to an application called “AED link” that for a fee, would allow interested jurisdictions to see all the PAD locations within their jurisdiction without having to manually enter the AED addresses into the CAD. The new Registry link is online on the MIEMSS webpage. Effective June 30, 2015 MIEMSS will no longer accept paper applications.

Several Counties have passed ordinances requiring all pools except those at private residences to have an AED. MIEMSS is aware of the following counties passing a requirement for AEDs: Anne Arundel; Baltimore County; Harford County; Montgomery County; and Queen Anne’s County. The county pools are regulated and inspected for compliance by the local health departments. Additionally, a state law was passed that requires any county or municipally owned or operated pools within Maryland to have an AED. All of these pools with AEDs must also meet the requirements for public access AEDs in COMAR 30.06.

Out of Hospital Sudden Cardiac Arrest Steering Committee. In 1999, the AED Task Force was created to provide guidance on layperson AED legislation that allowed non health care facilities that wished to place AEDs on their premises to do so to decrease time to defibrillation for individuals suffering from sudden cardiac arrest. Since that time, treatment for out of hospital sudden cardiac arrest has evolved in both the layperson and pre-hospital arenas. MIEMSS has worked to create an out of hospital sudden cardiac arrest steering committee to address multiple components including 9-1-1 dispatch, pre-hospital provider treatment, community response, and data collection and reporting. The committee meetings are held at MIEMSS. Subcommittees have been created to focus on the EMD, EMS, and Public (Layperson) components. Individuals interested in participating on a committee should contact Lisa Myers at MIEMSS.

One of the ways the EMS and EMD components of the Cardiac Arrest initiative are being addressed is through the Maryland Resuscitation Academy which holds a two day Summit each year in May and a one day Summit each year in the Fall. The Summits are attended by EMS providers and EMS leadership to learn about improving optimal response and treatment to sudden cardiac arrest in the prehospital setting. A component for emergency medical dispatchers was also recently added to the course to facilitate early dispatch and dispatch assisted CPR instructions to bystanders prior to EMS arrival. The Maryland Resuscitation Academy was created in partnership with Howard County Fire and EMS and MIEMSS and is modeled after the National Resuscitation Academy based in Seattle, WA. The two-day Spring 2015 Summit is being held on May 18 and 19, 2015. Information about the Maryland Resuscitation Academy can be found at <http://ramaryland.org/>

The Public Subcommittee continues to work to educate laypersons on recognizing sudden cardiac arrest and learning Hands-Only CPR. Hosting a mass CPR training event was one of the public subcommittee's primary goals for 2014. The event took place at an IronBirds Baseball game on June 29, 2014. There were 2,392 fans in attendance whose awareness about sudden cardiac arrest and Hands-Only CPR was raised through PSAs and on-field demonstrations and nearly 400 individuals actually learned Hands-Only CPR from instructors that were located at tables throughout the stadium. There were EMS representatives in attendance from several jurisdictions, including Harford County, Baltimore County, Talbot County, and Howard County, as well as representatives from University of Maryland Upper Chesapeake Medical Center, Johns Hopkins Hospital, and MIEMSS and several members of the Cardiac Arrest Steering Committee. Additionally, there were nine survivors on the field who were introduced along with the IronBirds players at the beginning of the game. MIEMSS purchased eight (8), eight-foot table banners that are available for use at future training events. If interested in borrowing a banner, please contact Jim Brown at MIEMSS. The Public Subcommittee is also working with MIEMSS on the production of a short CPR training video to be used for public education.

Prevention

Saint Patrick's Day – NHTSA Drunk Driving Prevention Campaign - For too many Americans, St. Patrick's Day has ended in tragedy due to drunk drivers getting behind the wheel. Over St. Patrick's Day from 2009 to 2013, there were a total of 276 lives lost in drunk-driving crashes. Please go to: <http://www.trafficsafetymarketing.gov/SaintPatricksDay> for more information.

Maryland Commission for Effective Community Inclusion of Individuals with Intellectual and Developmental Disabilities. MIEMSS is a member of the Maryland Commission for Effective Community Inclusion of Individuals with Intellectual and Developmental Disabilities. The Commission held public meetings for input as to: what law enforcement personnel and other first responders in Maryland need to know when working with people with intellectual and developmental disabilities; what should Maryland provide regarding training for law enforcement personnel and other first responders; what kinds of community outreach activities should law enforcement personnel and other first responders conduct in order to raise awareness about effective first responder approaches for interacting with people with intellectual and developmental disabilities. The Commission will soon be issuing a report containing its recommendations. For more information, please go to:
<http://www.goccp.maryland.gov/iddc/index.php>

2015 EMS and Prevention Educational Conferences

Public Fire and Life Safety Educator Seminar – March 28, 2015 -
MFRI – College Park, MD.

Miltenberger Emergency Services Conference – April 10 – 11, 2015 –
Wisp Ski Resort – McHenry, MD.

Trauma Care 2015 – April 30, 2015 – Baltimore Hilton Hotel -
Baltimore, MD.

EMS Care 2015 – April 30 – May 3, 2015 – Clarion Fountaine Blue
Hotel - Ocean City, MD.

MSFA Annual Convention – June 20 – 26, 2015 – Ocean City, MD.

Mid Atlantic Life Safety Conference – September 29, 2015 -
Kossiakoff Conference Center, John's Hopkins APL, Laurel, MD.